

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH				ARIZONA STATE BOARD OF HEALTH			
1. County <u>Graham</u>				BUREAU OF VITAL STATISTICS			
District <u>5 of 5</u>				State Index - - - - No. <u>119</u>			
Town or City <u>Kimball</u>				County Registrar's - - No. <u>178</u>			
No. <u>178</u>				Local Registrar's - - No. <u>178</u>			
(If death occurred in a hospital or institution, give its NAME instead of street number).							
2. FULL NAME <u>Amy Dorthia Bryce Howard</u>							
(a) Residence. No. <u>9</u>				St. <u>Kimball</u>			
(Usual place of abode)				Ward <u>Kimball</u>			
(If non-resident, give city or town and State)							
Length of residence in city or town where death occurred <u>9</u> yrs. <u>6</u> mos. <u>3</u> ds. How long in U. S. if of foreign birth? yrs. mos. ds.							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>		4. COLOR or RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED or DIVORCED. <u>married</u>			
(Write the word)							
5a. If married, widowed, or divorced							
HUSBAND of <u>Emo C Howard</u>							
(or) WIFE of							
6. DATE OF BIRTH (month, day and year) <u>Nov. 8 - 1901</u>							
7. AGE		Years	Months	Days	IF LESS than 1		
<u>28</u>		<u>8</u>	<u>11</u>	<u>11</u>	day hrs. or min.		
8. OCCUPATION OF DECEASED							
(a) Trade, profession, or particular kind of work <u>Housewife</u>							
(b) General nature of industry, business or establishment in which employed (or employer)							
(c) Name of employer							
9. BIRTHPLACE (city or town) <u>Bryce</u>							
(State or country) <u>Arizona</u>							
10. NAME OF FATHER <u>Joseph W Bryce</u>							
11. BIRTHPLACE OF FATHER <u>Pine Bluff</u>							
(State or country) <u>Utah</u>							
12. MAIDEN NAME OF MOTHER <u>Mary Nelson</u>							
13. BIRTHPLACE OF MOTHER <u>Blountington</u>							
(State or country) <u>Idaho</u>							
14. Informant <u>Emo Howard</u>							
(Address) <u>Kimball</u>							
15. Filed <u>Aug-8-1930</u>							
V. S. No. 1 <u>19</u>							
Local Registrar. <u>F. N. Shattler</u>							
County Registrar. <u>W. O. H. Lopez</u>							
MEDICAL CERTIFICATE OF DEATH							
16. DATE OF DEATH (month, day, and year) <u>July 19, 1930</u>							
17. I HEREBY CERTIFY, That I attended deceased from <u>July 18, 1930</u> to <u>July 19, 1930</u>							
that I last saw him alive on <u>July 19, 1930</u>							
and that death occurred, on the date stated above, at <u>7:00 a.m.</u>							
The CAUSE OF DEATH* was as follows:							
<u>Sudden death</u>							
<u>probably embolism</u>							
<u>(Pulmonary)</u>							
(duration) yrs. mos. ds.							
CONTRIBUTORY <u>Confinement</u>							
(Secondary)							
(duration) yrs. mos. ds.							
18. Where was disease contracted							
if not at place of death? <u>at place of death</u>							
Did an operation precede death? <u>No</u> Date of							
Was there an autopsy?							
What test confirmed diagnosis?							
(Signed) <u>E. C. Langdon</u> M. D.							
July 14 30 (Address) <u>Kimball</u>							
* State the Disease Causing Death, or to Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)							
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Kimball Ariz</u>				DATE OF BURIAL <u>July 20 1930</u>			
20. UNDERTAKER <u>M. C. Rawson</u>				ADDRESS <u>Safford</u>			